

To: The Honorable Mayor and City Council

From: Derrick Corker, Manager of Parks & Recreation

Date: November 25, 2014

RE: Request for Fee Waiver – Diaspo Cup

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### **RECOMMENDATION**

Staff is recommending the approval of the fee waiver request for use of the North Miami Athletic Stadium, Showmobile and staff for the event proposed for November 30, 2014.

### **BACKGROUND**

The City has received a formal request for use of North Miami Athletic Stadium and Showmobile for a combination soccer / concert event. The promoter, Roland Jerome, has been hosting an event similar in scope to this one for the preceding six years. In the past, the City Council has waived the fee for this event.

The promoter has requested that the fee be waived in full for the following:

- |  |         |
|--|---------|
| • North Miami Athletic Stadium - Special Event (8 am – midnight) | \$4,000 |
| • North Miami Showmobile (2 pm – midnight)                       | \$1,200 |

When you deduct equipment charges and usage fees from the above expense, you are left with direct staff costs. Staff cost for the proposed event can be broken down as follows:

- |  |         |
|--|---------|
| • North Miami Athletic Stadium staff (8 am – midnight) | \$1,200 |
| • North Miami Showmobile staff (2 pm – midnight)       | \$ 800  |

In total, the City's hard costs for this event would be \$2,000.



## Council Report

### **Attachments**

Community Event Application  
Rental Fee Waiver Request Form



### Rental Fee Waiver Request Form

Today's Date: 11-12-14

**Facility Requested:**

☐ Ben Franklin Park  
☐ Ray Cagni Park  
☒ North Miami Athletic Stadium

☐ Claude Pepper Park  
☐ Griffing Park  
☐ North Miami Showmobile

**Fee Waiver Charge \$250.00 for Stadium and \$100 for all other facilities.**

**Any Renters, who have fees waived, full or partial, are still required to fill out a rental contract and pay the security deposit of \$500.00 for Athletic Stadium or \$100.00 for all other facilities.**

Requesting Party: Diaspo Cup - Roland Jerome Date Requested: 11-30-14  
Time of Event: Begin 9:00 am End: 12:00 am Set up Time: 8:00 am - 9:00 am  
Address: 12010 NW 3 Ct City: North Miami Zip: FL 33178  
Home Phone: ( ) - Work Phone: ( ) - Cell Number: (786) 290-6166  
Is the Organization in or does it serve the City of North Miami: ☒ Yes ☐ No  
Background: \_\_\_\_\_

#### For Parks and Recreation Use Only

Current Rental Fees:	\$ _____	Equipment:	\$ _____
Cost:	\$ _____	Overhead and Administration:	\$ _____
Labor:	\$ _____	Contractual/Other Reimbursement:	\$ _____
Recommendations: _____			

#### Please check for availability first

Date Available? ☒ Yes ☐ No Name of staff confirming availability: Shenell C

Recreation Supervisor: [Signature]  
Parks and Recreation Manager: \_\_\_\_\_

Date \_\_\_\_\_ ☐ Approved ☐ Not Approved  
11/12/14 ☒ Approved ☐ Not Approved  
Date \_\_\_\_\_

#### For City Manager's Office Use Only

Date Waiver Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approved By: \_\_\_\_\_  
Full Waiver Approved: \_\_\_\_ Yes \_\_\_\_ No Partial Waiver Approved: \_\_\_\_ Yes \_\_\_\_ No  
If partial waiver, amount waived \$ \_\_\_\_\_ amount to be paid \$ \_\_\_\_\_  
City of North Miami contact person:  
Name: \_\_\_\_\_ ext. \_\_\_\_\_ E-mail address: \_\_\_\_\_

**PLEASE RETURN FORM TO PARKS AND RECREATION DEPARTMENT**

12300 NE 8 Avenue, North Miami, FL 33161  
(305) 895-9840





\*For office use only\*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Permit issued: # \_\_\_\_\_ Staff initials \_\_\_\_\_

## COMMUNITY EVENT APPLICATION

Please return the completed application and detailed description of the event

on your organizations letterhead and site map to:  
**NORTH MIAMI PARKS AND RECREATION DEPARTMENT**  
**12300 NE 8 AVENUE, NORTH MIAMI, FL 33161**  
**ATTN: SPECIAL EVENTS DIVISION**  
 Please fill out this application completely.

Are you requesting a fee waiver for City facilities and services? ☐ Yes ☐ No

### Forms Required Checklist

1. ☒ Completed Application
2. ☒ Proof of Organization Identification from the State of Florida
3. ☒ Detailed Description of Event (1 page)  
ON BUSINESS/ORGANIZATION LETTERHEAD.
4. ☒ Proof of Insurance or quote for special event insurance.
5. ☒ Layout map must be computerized (not handwritten)
6. ☐ Tent Permit (required for any tents larger than 10x10)  
application in the Building & Zoning Dept.
7. ☐ Map of cross streets and road closures.
8. ☐ Proof of liquor license (if serving alcohol) -  
this requires city council approval
9. ☐ Proof of Worker's Compensation  
(for organizations with 4 or more employees)

Event Name: DIASPORA

1. Requested Location: \_\_\_\_\_

Alternate Location (if requested location is not available): \_\_\_\_\_

2. Date: 11/30/14 Rain-Out or Alternate Date (if date requested is not available): \_\_\_\_\_

If more than one (1) day please specify: Day 1: ✓ Day 2: \_\_\_\_\_

3. Actual Event Start Time: Begin: 9 AM End: 11:59 P.M.

4. Set-up Date: 11/30/14 Set-up Time: 8 AM

5. Breakdown Date: 11/30/14 Breakdown Completion Time: 12:00 AM

6. Estimated amount of people attending: 500.00

7. Type of Event: check all that apply

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Award Show            | <input type="checkbox"/> Festival    | <input type="checkbox"/> Religious                 |
| <input type="checkbox"/> Community Event       | <input type="checkbox"/> Fund-Raiser | <input checked="" type="checkbox"/> Sporting Event |
| <input type="checkbox"/> Concert / Performance | <input type="checkbox"/> Parade      | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Fair / Carnival       | <input type="checkbox"/> Political   |  |

Please also provide a detailed description of your event ON YOUR ORGANIZATIONS LETTERHEAD.

8. Number of times this event has taken place in the City of North Miami: 9 (LINE)

9. Was this event presented in other cities? ☐ Yes ☒ No

\* If yes, what cities: \_\_\_\_\_

10. References:

Name: Poland June Phone: 786 250 6666 Email: COACH@poland04@yahoo.com

Name: FLANZ Shere Phone: 914 940 0517 Email: info@FLANZ04@yahoo.com

EVENT

What type is your organization: Please check all that apply.

☐ For Profit ☒ Non Profit ☐ Governmental ☐ Neighborhood Association ☐ Other: \_\_\_\_\_

Name: DISCO ENTERTAINMENT

Address: 12010 N.W. 3<sup>rd</sup> Ct

City: North Miami State: FL Zip: 33178

Phone: 786 290 6166 Fax: \_\_\_\_\_ E-Mail: ✓

Contact persons name: ROLAND JEROME

Phone: 786 290 6166 Cell: 786 290 6166 E-Mail: COACH/ROLAND@GMAIL.COM

Alternate contact person: DAVID ETERNA

Phone: 914 940 0517 Cell: 914 940 0517 E-Mail: info@eterna.org

Please provide the City of North Miami with a copy of one of these identifications:

☐ Valid Florida Drivers License ☐ 501(c)(3) ☐ Business Identity.

11. Will you require road closure? ☐ Yes ☒ No

If yes, please describe what streets you want closed and the closing and opening dates / times.

• Street (s) from: \_\_\_\_\_ to: \_\_\_\_\_

Closure date: \_\_\_\_\_ Time: \_\_\_\_\_

• Opening date: \_\_\_\_\_ Time: \_\_\_\_\_

12. Approximate number of vehicles anticipated: 300

A computerized map attached showing cross streets and location of proposed venue; along with staging set up and full logistical set-up must be included in your packet.

*County roads require a permit from Miami-Dade County (305-375-2030). The Florida State Department of Transportation (FDOT) requires that event organizers obtain a permit for the closure of all state roads. This permit must be filed with FDOT thirty (30) days prior to the event date. Please contact call 305-654-7163 to obtain the application for closing or use of state roads. The applicant may be required to contact residents or businesses along the closure route and have them sign a petition. Local roads will be closed with City Manager approval (Ord. 17-20).*

13. Will you be securing your event with fencing? ☐ Yes ☒ No ✓

14. Will you need trash removal? ☐ Yes ☒ No ✓

• If yes, how many dumpsters? \_\_\_\_\_ How many pick ups? \_\_\_\_\_

*Note: Hiring of City services for trash removal is required.*

15. Are you requesting use of the City's Showmobile? ☒ Yes ☐ No

*Use of Showmobile will require a non-waivable fee to cover cost of set up and breakdown.*

*This fee cannot be waived.*

16. Will you require temporary electrical work? ☐ Yes ☒ No

• If yes, please provide electricians name: \_\_\_\_\_

• Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(Note: The electrician you hire needs to apply for a permit through the City of North Miami.)



## 17. Will you be erecting the any of the following?

	Yes	No	How Many	Size / Dimension
Tent	<input checked="" type="radio"/>	<input checked="" type="radio"/>	_____	_____
Ticket Booth	<input checked="" type="radio"/>	<input checked="" type="radio"/>	_____	_____
Staging	<input checked="" type="radio"/>	<input checked="" type="radio"/>	_____	_____
Dance Floor	<input checked="" type="radio"/>	<input checked="" type="radio"/>	_____	_____
Other Temporary Structure	<input checked="" type="radio"/>	<input checked="" type="radio"/>	_____	_____

Note: Tent permits are required for tents larger than 10' x 10'.

(Please include these items on your site map and provide the City's detailed floor plan for the event.)

## 18. Will your event include any of the following?

- ☐ Fireworks      ☐ Games for children      ☐ Mechanical/ Amusement Rides

\* If yes, please provide a detailed description: \_\_\_\_\_

- Company Name: \_\_\_\_\_
- Insurance Carrier: \_\_\_\_\_

Agents Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Note: All amusement rides must be approved by the state. All carnival, amusement or carnival type events shall provide the required insurance policy or policies as stipulated by the City of North Miami and must get proper permits from the City's Building and Zoning department.

19. Will music be played? ☒ Yes ☐ No If yes, what type?

Name of Sound Company: Guy Lemo NIER

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(Foul language, offensive materials, strippers, exotic dancers or lewd or lascivious behavior is PROHIBITED.)

20. List the beverages to be served: WATER, SODAS

(Note: Beverages must be dispensed in soft containers. No glass containers or cans allowed.)

21. Will alcohol be served? ☐ Yes ☒ No

If yes, what type: \_\_\_\_\_

Sale and/or distribution of alcoholic beverages including beer and wine must be approved by the City Council. Upon approval, the organization must apply for a temporary liquor license from the State of Florida, Division of Alcoholic Beverages and Tobacco under Florida Statute 561.42. Contact the County office at 305.470.6783 for instructions on obtaining this license.

22. Will Food be served? Yes ☒ No ☐ If yes, what type? CARIBBEAN

SAFETY

Please note: Sanitary and food facilities shall be provided by the licensee in accordance with applicable laws and regulations of the Department of Business and Professional Regulation (DPR) DBPR HR-7829, Division of Hotels and Restaurants Application for Temporary Event Vendor License. Licensee agrees to ensure that any and all grease remaining after the event by food vendors shall be properly disposed of in accordance with any applicable standards. In the event, licensee fails to properly dispose of the grease, the City will charge licensee for the cost incurred by the City to deal.

**CONCESSIONAIRE RIGHTS:** Licensee shall have exclusive concessionaire rights within the permitted area.

**23. You are required to hire City of North Miami police for your event.**

The police Department determines how to staff the event with off duty officers for crowd, traffic or other public safety concerns. The police department will inform you of the number of officers needed. Staffing larger for events that serve alcohol and/or close roadway. Any event at a City facility that runs after 11:00 p.m. will require police. PLEASE CALL 305-891-0294 for more information on off duty officers.

**24. You may be required to hire EMS to be on-site at your event.**

The City of North Miami Special Events Supervisor will advise you accordingly.

Prior to the commencement of any event, the City of North Miami requires organizers of the special event to provide the City with a valid certificate of insurance showing:

**General Liability Insurance:** \$1,000,000 minimum combined single limit for bodily injury and property damage.  
**Liquor Liability Insurance:** \$1,000,000 minimum limit, if alcoholic beverages are being served or sold at the event.  
**Workers' Compensation:** Statutory coverage.  
**Employers' Liability:** \$500,000 / accident / disease / policy limit.

Proof of workers' compensation coverage is required from employers with four (4) or more employees.

- All Certificates of Insurance shall include a description of the special event, event location and event date(s).
- All liability policies shall be issued by an "A" rated or better insurance carrier, endorsed by A & M Best and authorized to transact business in the State of Florida.
- The City of North Miami must be named additional insured on all liability policies.
- The issuing insurer shall endeavor to notify the City of any policy cancellation by mailing 10 days written notice to the City prior to issuance of a cancellation notice.
- All special event organizers shall indemnify and save the City harmless from any and all claims, suits, actions, damages or causes of action arising as a result of the special event.

Sign here to verify you have read the entire event application and conditions.

*RO LAM D JEROME*

Print Name

*[Signature]*

Signature

Date

*10/22/14*

revised 5/1/13 jar

RISK

**PLEASE NOTE**  
 Forms 1 - 4 are mandatory upon  
 submission of application.  
 Please also provide a detailed description of  
 your event ON YOUR ORGANIZATION'S  
 LETTERHEAD.



**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Non Profit Corporation**

DIASPO ENTERTAINMENT, INC.

**Filing Information****Document Number** N13000003840**FEI/EIN Number** N/A**Date Filed** 04/22/2013**State** FL**Status** ACTIVE**Principal Address**12010 NW 3RD CT  
MIAMI, FL 33168

Changed: 05/28/2014

**Mailing Address**12010 NW 3RD CT  
MIAMI, FL 33168

Changed: 05/28/2014

**Registered Agent Name & Address**JEROME, ROLAND  
550 NE 67TH STREET  
MIAMI, FL 33138

Address Changed: 05/28/2014

**Officer/Director Detail****Name & Address****Title DP**JEROME, ROLAND  
550 NE 67TH STREET  
MIAMI, FL 33138**Title DT**ETIENNE, FRANTZ  
249 NE 166TH STREET NORTH  
MIAMI BEACH, FL 33162**Title DS**

BOYLE, NICOLE



445 NE 24TH STREET  
MIAMI, FL 33137

**Annual Reports**

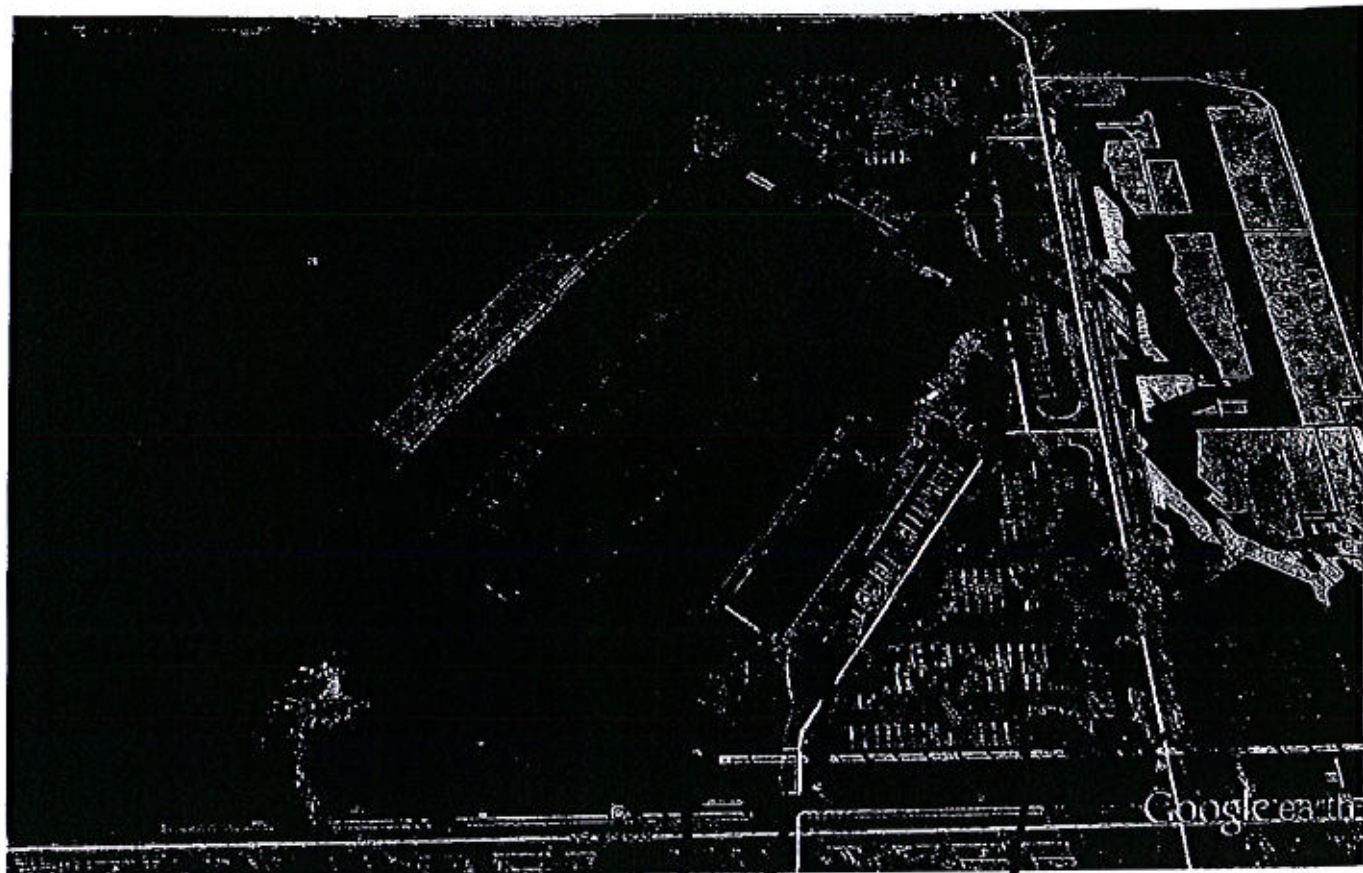
Report Year	Filed Date
2014	05/28/2014

**Document Images**

<a href="#">05/28/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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State of Florida, Department of State



Google earth

feet  
meters

100

500



Vendors

Showmobile

# DIASPO CUP LAYOUT 2014

- FOOD VENDORS
- SHOWMOBILE
- PARKING
- VIP